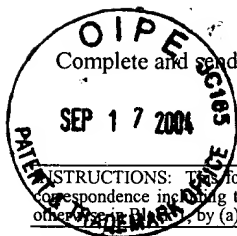


9-20-04

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail: Mail Stop ISSUE FEE**
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7590 06/18/2004
WAGNER MURABITO & HAO
 Two North Market Street, Third Floor
 San Jose, California 95113

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EV 337 116 098 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/896,249	06/28/2001	Shiyou Pei	CT-M158 US	9186

TITLE OF INVENTION: CLEANING OF CATHODE-RAY TUBE DISPLAY

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1330	\$300	1630	09/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANTIAGO, MARICELI	2879	445-02400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached.
 Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) 1. RONALD J. MEETIN
 the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be 2. _____
 printed.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing and assignment.

(A) NAME OF ASSIGNEE:

CANDESCENT TECHNOLOGIES CORPORATION
 CANDESCENT INTELLECTUAL PROPERTY SERVICES, INC.

(B) RESIDENCE: (CITY and STATE or COUNTRY):

LOS GATOS, CALIFORNIA
 LOS GATOS, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private entity ☐ government

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account No.: 502641. (Enclose an extra copy of this form.)

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(Authorized Signature)

(Date)

Ronald J. Meetin

17 September 2004

Ronald J. Meetin, Reg. No. 29,089

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 01 FC:1501 1330.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 15.00 DA

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